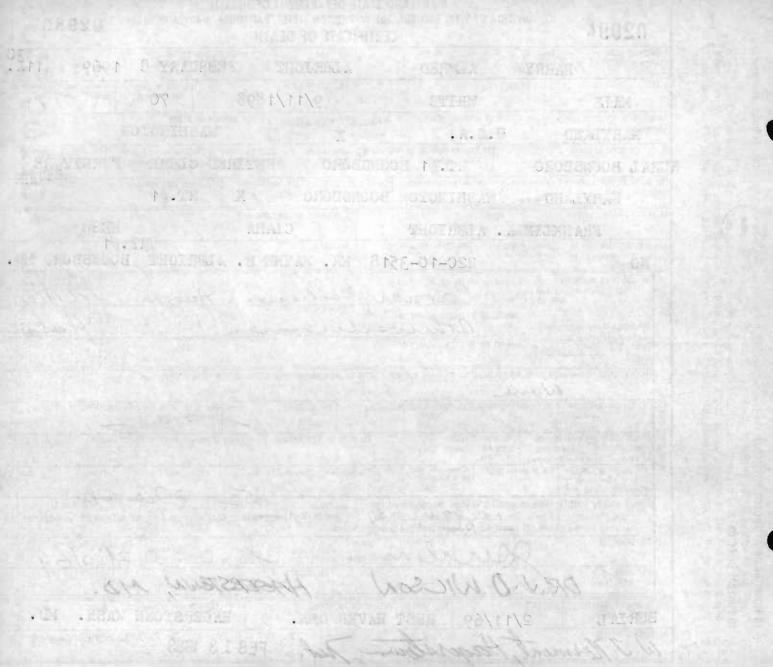
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	OR ATTEND be retained JIRECTOR: A e 3 should ed with the 9		22b. SIGNATURE	001.1-0	ATTENDING -	MED. STAFF 22c. DA	TE SIGNED
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	OSF e 4 UNE ictor	230	BURIAL, CREMATION, 23b. DA	TE 22 NAME OF C	EMETERY OR CREMATORY	23d LOCATION (Compartment)	Managed (Caraca)
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	45M - 1/6M	10	V. J. Kormen	1. Hagerslow	Med. DATE FE	B 1 3 1969	6



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1	MARTLAND STATE DEPARTMENT OF HEALTH
	02997 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02992
L	CERTIFICATE OF DEATH
1.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 25. HOUR
F	(Type or print) RUTH BECK FEBRUARY Month 27 Don 96 900 5:40
3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 year if under 24 hrs.
	FEMALE WHITE 3/15/1920 Out Only Pres MONTHS ONYS HOURS MIN
	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TYT NEVER
C	MARYLAND U.S.A. WIDOWED DIVORCED WASHINGTON
(). CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OP
	HAGERSTOWN GIVESTICATION CO. HOSPITATO TO THOUSEW THE FOR THOME
13	10. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY COUNTY COUNTY OF THE PROPERTY OF THE
	MARYLAND 13b. COUNTY WASHINGTON HAGERSTOWN YES NO XX 2415 MARSH PIKE
14	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
	JOHN H. POWLES HENRIETTA BIHLER
1	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates or d
=	NO 217-16-2272 MR. RUBERT EDWIN BECK MD.
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).) PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a) Jealicular Fabiliplia 30 men
	DUE TO, OR AS A CONSEQUENCE OF
ı	Conditions, if only, which gove rise to immediate couse (a). (b) Myorarchial Infanction 3 Mar
ı	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	lost. (1) aller fluore real villar enfrour
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
2	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
TOTA	YES NO CAUSES OF BEATH: 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 3B.)
MENICAL	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	While Not while
	22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta
	saw the deceased glive an 7th 27 19 49, and that in (my) (gur) apinion death accurred on the date and hour and from the
	causes stated abave, (1) (we) (did) (did not) view the bady after death.
	DEGREE PHYS. DIRECTOR PHYS.
	22d. PHYSICIAN'S NAME (Type) Edson B. Moody, M.D. 22e. ADDRESS 363 S. Clevaland Ave. Hagerstown, Md.
-	
23	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY HAGERSTOWN WASH.
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	W. S. Housell, Tagentown, Me, DATE

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. 5	1.0	ECEASED-NAME First	Middle	Lost		
and 2 death.		Type or print) Mildr			2a. DATE OF DEATH Month Day	Y Year 2b. HOUR
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ages ages	1.,		The state of the s		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
oniza)	70	SIRTHPLACE (State or foreign	White	April 1,1	901 67 YRS.	
2-10	cau	ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
00	10	hambersburg, Pa	USA	WIDOWED DIVORCED	Washington	Md.
10	10.	CITY OR TOWN OF DEATH	aive street address	STITUTION (If not in hospital 12a. U	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
00	10	Hagerstown	give street address 101 Surv	ey Ave.	most of warking life, even if retired.)	Own home
21	13a.	USUAL RESIDENCE (Where decease issian). STATE	d lived, if institution: Residence before	VEC 57	TOUR STREET THE HOME CK	
0		issian STATE land	Washington	Hagerstown YES &	NO 101 Surrey A	ve.
/	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM		Lost
		Jacob	Senor Reisne		ette Carolin	e Dunn
	160.	. WAS DECEASED EVER IN U.S. ARMI	r or dates of service)		Address	Md.
		(es, no or unknawn) (If yes give wa	214-09-70	64 Mr. Harry K. Bi	tner 101 Surrey Av	e. Hagerstown.
		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c)	1 1.0 //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	adjust Inla	cellie	excetasteracor
		4109	DUE TO, OR AS A CONSEQUENCE OF	1- 11-11-	-/ //	wird.4
		Canditions, if any, which gave rise ta immediate cause (o),	(b) all	econtection,	Heart Dellane	yehn
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	(1		1
		last.	(c)			
		PART 2. OTHER SIGNIFICANT CONC	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	1 11/1
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	ME	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FA	TORY.) 21f. LOCATION Street ar R.F.D.	Na. City ar Tawn	Caunty State
		While Not while at work of work				
			haspital) attended the decease	ed from 10/221, 19	65, to 7ep 6, 19	ag, that (I) (we) last
		saw the deceased ali	ve an(I) (we) (did) (did not) view the	9 & 7, and that in (my) (our) a	pinian death accurred an the da	te and haur and fram the
		22b. SIGNATURE	(1) (we) (ala) (ala not) view me	bady after death.		
2		220. SIGNATURE	Luck Alfred	ATTENDING ATTENDING	MED. STAFF	DATE SIGNED
,		22d. PHYSICIAN'S	mus Musel	DEGREE PHYS.	DIRECTOR PHYS.	12/6/
1		NAME (Type)Edson B	. Moody . M.D.		eveland Ave. Hagers	stown MD.
1	220	BURIAL, CREMATION, 23b. DA				
	23u.	REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
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20		· · · · · · · · · · · · · · · · · · ·	al Chapel Hager	stown, Md. DATFE	1979	Jonatuke Jenghaid
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12999 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02994 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR 24 hours after death. (Type or print) .96deor 2:35 M William Bonifant Feb Thomas 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS 8/21/01 Male White filled in by t 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WASHINGTON DIVORCED [WIDOWED 🔀 Maryland USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR _ during most of working life, even if retired.) INDUSTRY please remave carban HAGERSTOWN steam event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY. YES X NO 7600 Carroll Ave. Takoma Par Montgomery OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec and in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle physician and Gittings Bonifant Thomas 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) FAMILY 577-11-7522 DECGASAD signed by the attending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcinoma of head of pancreas c abdominal carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES TO far use Health 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram Jan. 27 , 1969, ta Feb. 14, 1969, that (I) (we) last saw the deceased alive an Feb. 13 _1969, and that in (my) (50t) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE director, page 3 shauld be filed DEGREE DIRECTOR 22e. ADDRESS Western Md. State Hospital 22d. PHYSICIAN'S NAME (Type) Chong C. Han, M.D. 1500 Pennsylvania Ave., Hagerstown, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (State) Deary Washington Cemeling adelphi 250. RECO BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 254 Carrell St NEW- Wach

MARYLAND STATE DEPARTMENT OF HEALTH

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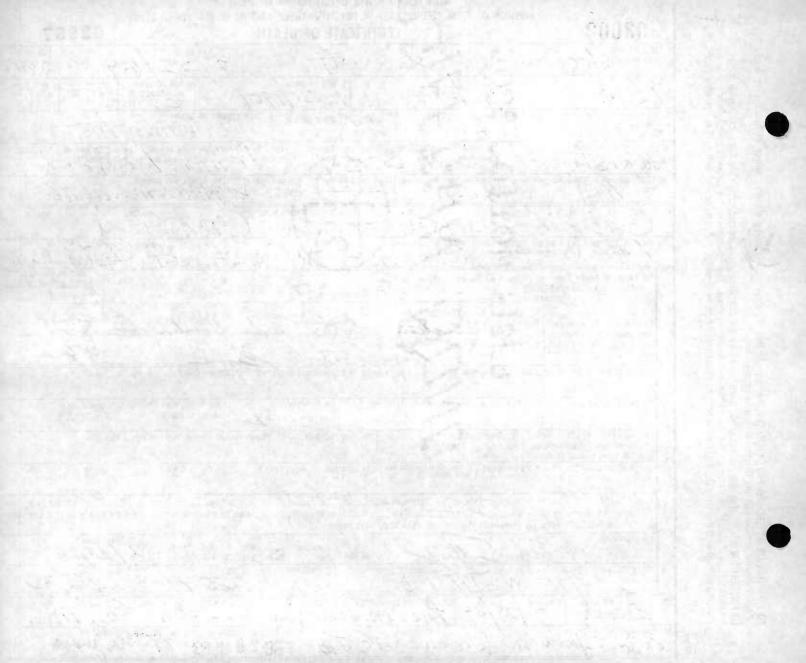
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4 _ 2 4		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
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fur fur fer	3. SE	(4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER # HRS.
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by by	70. B		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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in 2 illec	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a. USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
e executed within 24 hours after death, and campletely filled in by the funeral remave carbon papers. Pages 1 and 2 in any event, within 72 hours after death.		Hagerstown		n County Hospital mo	Hodse Wile	INDUSTRY Home
Solet,	13o.	USUAL RESIDENCE (Where deceased sistent) STATE	lived, if institution: Residence befare	13c. CITY OR TOWN 13d. INSIDE CITY LIM		
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de de de	14. F	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FI	rst Middle	Lost
Se re		Joseph	Buhrn			Frey
cate Sicia Sea		WAS DECEASED EVER IN U.S. ARME es, na, ar unknawn) (If yes give war	or dates of service)		Address	
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at the death cer the attending p nsit permit. The		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (o), (b), and (c)	depasion Slok	MND	SEWEEN SINSET AND DEATH
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e he he se he	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		nature of injury in Port 1 or Part 2,	Item 18.)
for far		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		, , , , , , , , , , , , , , , , , , , ,	
rsic aspi cert hed hed	MEDICAL	(If either, notify medical examine 21d, INJURY OCCURRED 21e, P		(ORY.) 21f, LOCATION Street or R.F.D. No.	City or Town	County State
PH' he h his etac Dep		While Not while at work	OFFICE BUILDING, ETC.	11	46 10	
N th			hospital attended the decease	d from 196	00 to 2 10 , 19	69, that (1) (we) los
NDI NDI d p d b d b		saw the deceased ali	hospital pattended the decodese	9, and that in (my) (our) api	nion deoth occurred on the d	ate and hour and from th
Goral Paris			(I) (we) (did) (did not) view the	oady offer death.	/ 1 00	DATE CIONED
OR ATTENDING be retained by the liRECTOR: After 1 e 3 shauld be d ed with the State		22b. SIGNATURE	11.11	DEGREE PHYS M	IED. STAFF D	- 17-6 CI
Pe Se Siled		22d. PHYSICIAN'S	as you	DEGREE PHYS. D	RECTOR L. PHYS. L.	1007
RAIL Po		NAME (Type)	1447013001	81-14 2 31 W.	Manue &	rooghim.
Page 4 may be retained by the haspital or attending physician. Foge 4 may be retained by the haspital or attending physician. For Euneral Director: After this certificate has been signed by the attending physician and a director, page 3 should be detached for use as the burial-transit permit. Then please rema should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any	230	BURIAL, CREMATION, 23b. DA	ATE J3c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D B	Y REGISTRAR 256. REGISTRAR	SSIGNATURE
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12	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, reges should be filled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hobrs off	23a. BORIN CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or fown) (Story)
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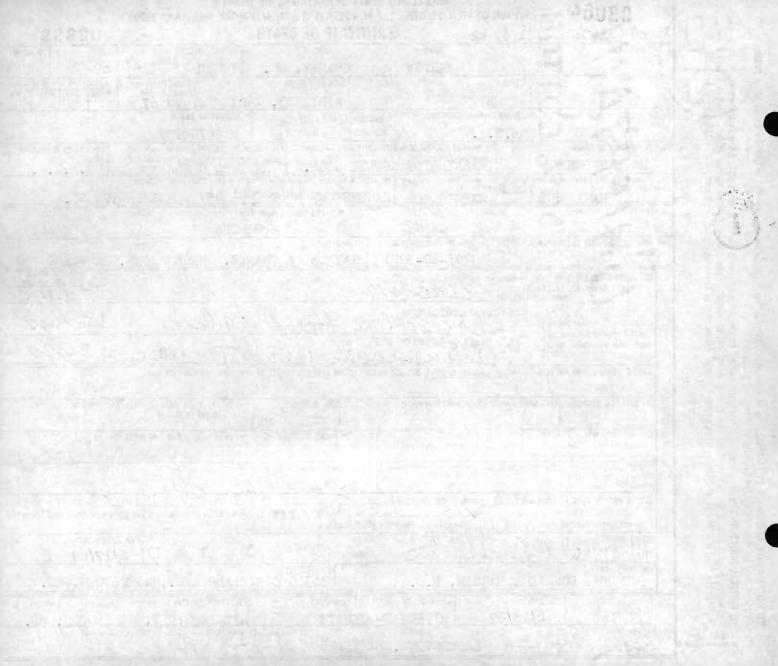
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director, page 3 should be defacted should be filed with the Stote Dept. of		226 SIGNATURE	QE	Mo	intis	DEGRE	ATTENDII E PHYS.	Ϋ́	MED. DIRECTOR	STAFF PHYS.		ATE SIGNED 17/69	
d be fill		22. PHYSICIAN'S NAME (Type) DO	NALD E	MARTIN	, M.D.		22e. ADD 363		VELAN	ND AVE., HA	GERS	STOWN, 1	D .
shoul	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2/18/	69	23c. NAME OF RIVERV				WILI	CATION (City or Town	WASH	(County) HINGTON	(Stote)
R A15 AVE	24.	EUNERAL DIRECTOR	181	HAG	ADDRESS	MARYI	AND	2So. REC'D	BY REGISTI	RAP 969 2Sb. REGI	STRAR'S	SIGNATURE	The same

MAKILAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03000 CERTIFICATE OF DEATH Last by the funeral b. Pages 1 and 2 haurs after death. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR A within 24 haurs after death ALYDE MILLER (Type or print) COOK Feb. Month and campletely filled in by the fur remaye carbon papers. Pages 1 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last hirthday) MONTHS I DAYS HOURS White Male Feb. 10, 1918 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEDX NEVER MARRIED West Va. USA DIVORCED [7] Washington WIDOWED [12a. USUAL OCCUPATION (Kind of wark done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) Washington Co. Hospital during most of working life, even if retired.) Rail road Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be exercited admission) STATEWest 13b COUNTY efferson Bolivar NO T Polk Street YEXTX and in any 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost the attending physician and sit permit. Then please rem Nannie Bell Guy Cook 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Margie CookAddress 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) '(If yes give war or dates of service) RFD#1, Harpers Ferry, W.Va. 25425 236-03-057 None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _ crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couser burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached far use as the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE director, page should be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) neucon 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (State) Jefferson, W. Va. REMOVAL (Specify) Bolivar, Fairview Cemetery 3/1/69 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Ferry, 1969

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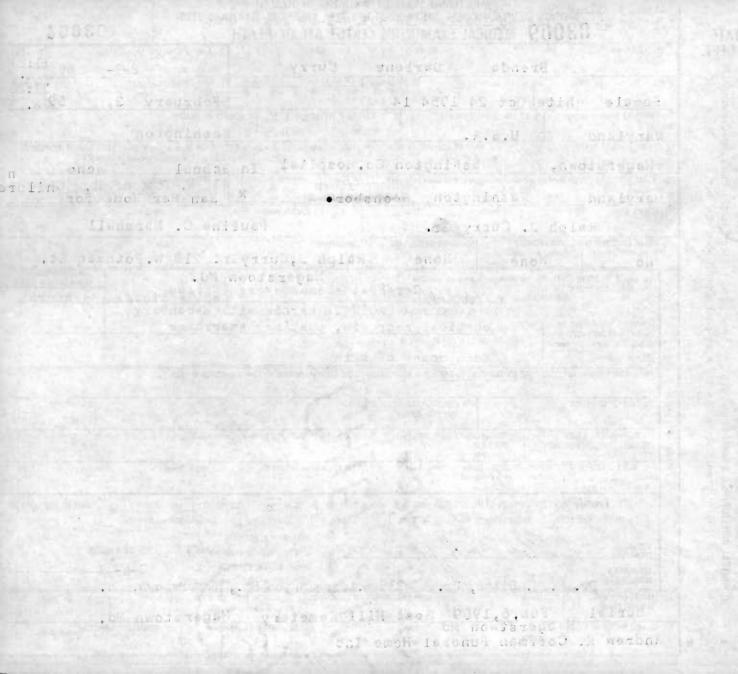
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03802 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR ompletely filled in by the funerol ve carbon popers. Pages 15 ond 2 event, within 72 hours after death executed within 24 hours after death (Type ar print) February Newton Haines 16.1969 Crowell 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) 9-23-1919 male white 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) USA West Virginia WIDOWED | DIVORCED [Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR completely fi Wash. County Hospital during mast of warking life, even if retired.) Hagerstown INDUSTRY Salesman Hardware 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Wash. Hagerstown YES X NO 801 Maryland Ave and in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last pe James P. Crowell Bertha Pitzer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address OR ATTENDING PHYSICIAN: The low requires that the death certifical Yes, ng. or unknown) (If yes give war or dates of service) buriol, cremation, or removal, 32-26-4640 Mrs. Janet Crowell Hagerstown, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Harrimoons, I middle cere IMMEDIATE CAUSE (a) Conditions, if any, which gave buriol-tronsit rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO V 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INIURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 4 Lebenary, 1969, ta 16 45, 1969, that (I) (we) last saw the deceased alive an 16 46, and that in (my) (aur) opinion death accurred an the date and hour and fram the couses stated obave, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING director, page should be filed PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) Clovis M. Snyder M.D. Potomac, St. Hagerstown, Md. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 2-19-1969 Rose Hill Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR Minnich Funeral Home Hagerstown, Md,

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MARYLAND STATE DEPARTMENT OF HEALTH

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INER: Te certific should by files. 3 shauld parian, an	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED	21e PLACE OF INDIRY (4	A. 19 At home, form, street,	21f. LOCATION Street or R.F.D.	No. City or Town	County State			
XAM te th yeur yeur age crem		WHILE NOT WHILE AT WORK	factory, office building	g, etc.)	211. ESCATION SHOOT OF KILD.	no. City or lowit	Coonly State			
executar. Paged for a CTOR: burial,		220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🔲, Inquiry 🔲, and in my opinion								
DEPUTY Steal E Steassary, please exect e funeral director. Pa may be retained for FUNERAL DIRECTOR: Steal prior to burial,		death resulted from: Notural causes 🗵 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner								
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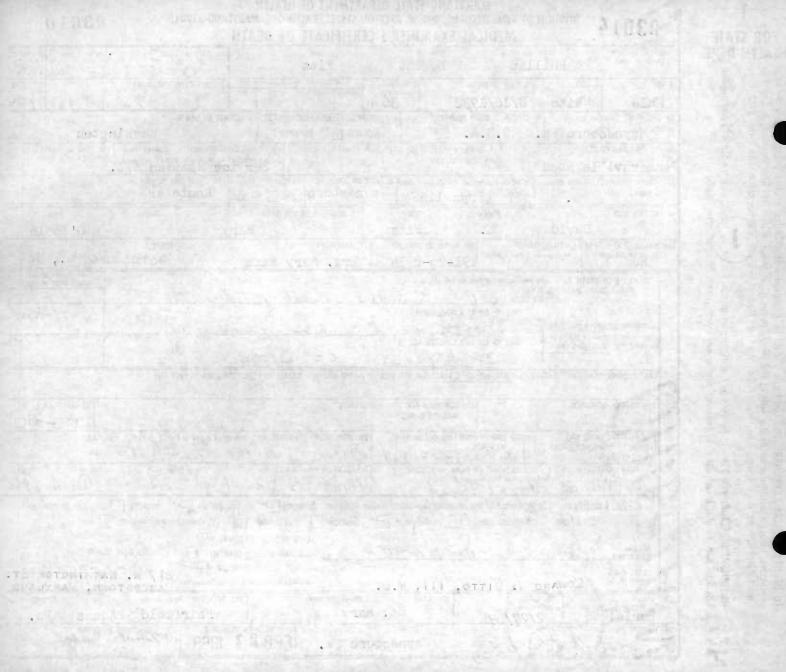
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ept.		21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY,) 21f. LOCA	ATION Street or R.F.D. N	o. Cit	y or Town		County	Stote
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To FUNERAL DI director, page should be filed		22d. PHYSICIAN'S	, , , , ,	C COS DEONEE	PHYS. 22e. ADDRESS	DIKECTUR -	PHTS.	=-1	1 09. 1	764
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03010 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First Middle 1. DECEASED-NAME last 20. DATE KNOWN Month Yeor 2b. HOUR. (Type or Print) Phillip ESTI-Eugene Fitz Poge 1969 DEATH MATED 10 IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR and PM3. Month Year 8/16/1932 36 YRS Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH De along with farm country) Wavnesboro Pa. U.S.A. DIVORCED [WIDOWED Washington 8. Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USUAL OCCUPATION (Kind of work done 112b KIND OF BUSINESS OR certificate should be executed within 24 hours ofter death during most of working life, even if reticed). give street oddress) Pennerswille Road with 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b/COUNTY Franklin Route #4 odmission) STATE Waynesboro YES NO TX tem | Examples 5 Office ofter 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost David E. Fitz Mary O'Toole = bages hours pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, po, or unknown) (If yes give wor or dates of service) Waynesboro Pa., #4 91-26-6534 Mrs. Mary Fitz File APPROXIMATE INTERVAL ⊆ within 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEAT permit. farworded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). writing the word ony DUF TO OR AS A CONSEQUENCE OF stoting the underlying couse 100 a -2 .= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This please execute the certificate, YES NO pe 4 should be 210, EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port, 2, Item 18.) 3 should PRIMARY TOR CONTRIBUTING HOLK A.M. MEDICAL crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No County Stote City or Town FUNERAL DIRECTOR: Page foctory, office building, etc.) NOT WHILE Wash AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy buriol Inspection 4 and in my apinion Inquiry director. death resulted fram: Accident -Natural couses Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER FYAMINER'S Heolth May NAME (Type) ADDRESS(Street, city, town, or county) EDWARD W. DITTO. 111. M.D. HAGERSTOWN. the MARYLAND 0 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) St. Mary Fairfield Adams Pa. Burial 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Waynesboro VR A15ME (5) 10M REV. 1/68



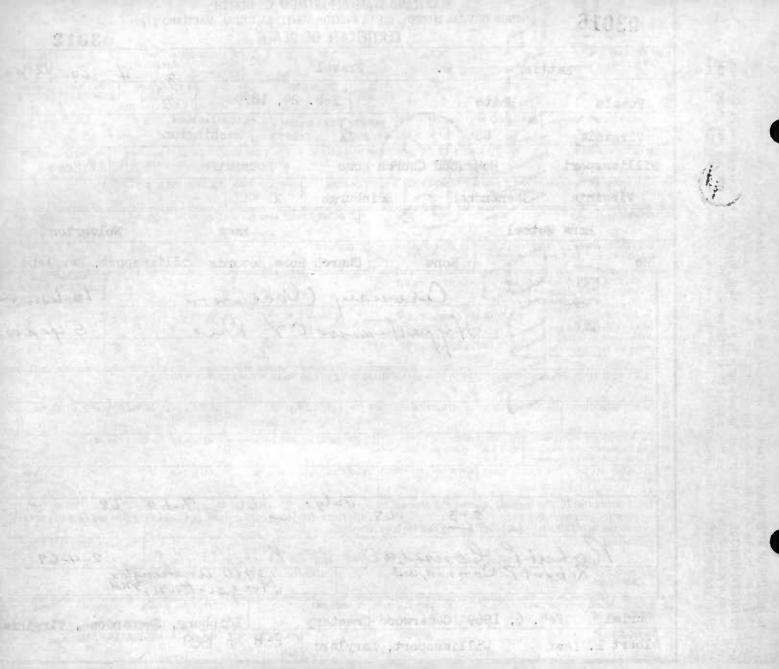
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/	MARYLAND STATE DEPARTMENT OF HEALTH
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be retained by the hospital or attending physician. **INRECTOR: After this certificate has been signed by the attending physician and completely filled e 3 should be detached for use as the burial-transit permit. Then please remove corban papered with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7.	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most work done durin
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the law reattending attending has been se os the hprior to	190. PATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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HYSICIA hospital certifica ched fo pt. of H	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year [If either, notify medical examiner] P.M. 21d INUIRY OF CIRPED. 21e PLACE OF INUIRY ALL HOME FARM STREET ENCORY) 214 LOCATION. Service D.E.D. No
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by fter fter be Stat	220. I certify that (I) (this haspital) attended the deceased from 1 (1) (we) last
ENC Bed R: A Jld the	the deceased alive an 2 10 , and that in (my) (our) opinion death occurred on the date and hour and from the cayses stated above, (I) (we) (did) (blid not) view the basis after death.
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AL O N P P P P P P P P P P P P P P P P P P	22d PRYSICIALYS 22e. ADDRESS
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O Pogerial	buria 3-3-69 Rest Haven Cemetery Hagerstown, Md.
- To Rel	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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	10	last.	026	(c)						
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	TION	19a. DATE OF OPERATION	19b CONDITION	FOR WHICH OPERATION WAS PE	REORMED	20a. AUTOPSY	2	20b. IF YES, WERE FINDING	CONCIDEDED IN CEL	DTIEVING
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		TOR CONTRIBUTING CAUSE O	F DEATH HOU	R A.M. Manth Day Year	ZIC. HU	W INJURT UCCURN	KED (Enter nature	of injury in Part 1 ar Part	2, Ifem 18.}	
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	2	21d. INJURY OCCURRED While Not while	21e. PLACE OF 1	NJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	21f. LOC	ATION Street ar	R.F.D. Na.	City ar Town	Caunty	State
	13	di work di wark					19	110	1.	
		22a. I certify that (I)	(this hospite	al) attended the decease	ed from	nl	_, 1961,	to Ver 2	19 <u>69</u> , that ((I) (we) last
		saw the decease	ed alive on_) (did) (did not) view the	967 and	that in (my) ((our) opinion o	leath occurred on the	date ond hour o	nd from the
		22b. SIGNATURE	oove, (I) (we	(did) (elemen) view the	bady outer a	earn.				
		220. SIGNATURE	1///	11/1/11/11	Motore	ATTENDING PHYS.	MED. DIRECTOR	STAFF Z	C. DATE SIGNED	19
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1		22d. PHYSICIAN'S NAME (Type)	111.	101/12		22e. ADDRESS	Bin	a aloma	Jan 1	/
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0	23a.		23b. DATE		CEMETERY OR C		23d.	LOCATION (City or Town)	(Caunty)	(State)
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69		Andrew K.	. Coffi	man Funeral	H ome	Inc	ATE TED 1	U 1969 X	- And June	1

2 1	1	03020		301 W. PRESTON STRE	NT OF HEALTH ET, BALTIMORE, MARYLAND 21	201
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42 H		ECEASED-NAME First Type or print)	Middle	Lost	2o. DATE OF DEATH Month	Doy Yeor 2b. HOUR
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ICIAN pital c rrificat d far af Hee	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor	9		roll 2, lielli ib.)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital or attending physician. **NRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the truerol e 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Hages I and is a shauld be detached far use as the burial, crematian, or remaval, and in any event, within 72 haurs after death and with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death	W	21d. INJURY OCCURRED While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.	21f. LOCATION Street of	or R.F.D. No. City or Town	County State
ING by the ter tate		22a certify that (1) (this	s haspital) attended the deceas	ed fram	, 19, ta	, 19, that (I) (we) last
TEND lined I OR: Al auld I		causes stated abave,	ive on, (I) (we) (did) (did nat) view the	19, ond that in (my) bady ofter death.	(aur) apinian death accurred on	the dote and hour and fram the
OR AI OR AI OR AI OR AI OR With	L	22b. SIGNATURE	onteen-	DEGREE PHYS.	MED. STAFF PHYS.	22c. DATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. at Health priar ta burial, creating the state Dept.		22d. PHYSICIAN'S NAME (Type)	TURE RIEL	22e, ADDRE		Hasciston
HOSI Jae 4 UNE ecta auld	230	. BURIAL, CREMATION, 23b. D	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tov	vn) (County) (Stote)
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				ND STATE DEPARTMENT				
		03021	DIVISION OF VITAL RECORDS	CERTIFICATE OF DE			3017	
	1. D	ECEASED-NAME First	Middle	Lost		OF DEATH	10011	2b. HOUR
	(1	ype or print) Samuel	Scott	Hansbrough		2 Month 20 Doy	69 ^{Yeor}	25. 1100K
	3. SE		4. RACE	S. DATE OF BIRTH		6 AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	-	male	white	1-21-1	913	last birthday) YRS.	MONTHS DAYS	HOURS MIN.
	cour	BIRTHPLACE (Stote or foreign try) Va •	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY Wa:	OF DEATH shington		Md
P		TY OR TOWN OF DEATH Hagerstown	Wasshaddres Co.	Hospital	120. USUAL OCCUPAT	ION (Kind of work done	12b. KIND OF BU	USINESS OR Utits
	13o. odm	USUAL RESIDENCE (Where deceossion) STATEMd.	sed lived, if institution: Residence before 13b. COUNTY Wash •	Hagerstown YES		STREET AND NUMBER	n Rd.	
			M. Hansbrough	IS. MOTHER'S MAIDEN Mildre	NAME first d Miller	Middle		Lost
	16o. Y	WAS DECEASED EVER IN U.S. ARA es no or unknown) (If yes give w	MED FORCES? Var or dates of service) 16b. SOCIAL SECURITY 214-14-6		Hansbrou	Address agh Hager	stown,	Md.
		PART I. DEATH WAS CAUSEI			Hatun		APPROXIMA BETWEEN ONSI	TE INTERVAL ET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE OF	nes presente	el hy	hicker	7 m	-fr
		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	oschertie fle	aut the	ile	3 N	he
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,	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month Doy Yeor ner) P.M.	9	D (Enter noture of	injury in Port 1 or Port 2,	Item 18.)	
		ot work ot work	PLACE OF INJURY (AT HOME, FARM, STREET, FA		R.F.D. No.	City or Town	County	Stote
		saw the deceased a	is haspitol) attended the deceasive an Z (4), (i) (we) (did) (did hot) view the	19 69, and that in (my) (a	., 19 <u><i>& 9</i></u> , ta_ our) o pinion deol	th accurred an the do	that (I) (we) last nd from the
		22b. SIGNATURE	Elms The	ATTENDING OPHYS.	MED. DIRECTOR [STAFF 22c.	DATE SIGNED	19
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	23o.	BURIAL, CREMATION, 23b. (REMOVAL (Specify) 2-		CEMETERY OR CREMATORY Lawn Mem. Pa		ATION (City or Town) Cerstown. 1	(County)	(Stote)
		FUNERAL DIRECTOR	AD DRESS	2So		CO 25b. MAGIRARY		2
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03022 CERTIFICATE OF DEATH rs. Pages 1 and 2 hours after death. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death Month 20 (Type or print) Mabel Augusta Hawkins 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jost birthdoy) female white MONTHS DAYS HOURS 4-10-1893 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (auntry) burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h Penna. USA WIDOWED TX DIVORCED [Washington campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR wyofteeladdress sport Sanitarium army nurse US Gov. Williamsport remave carban 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN executed 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Wash. YES Hagerstown 1701 Sherman Ave. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle William Batdorf 8 Irene Hubbler KSician certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If we give war or dates of service) Yes, po, or unknown) 214-38-5983 Mrs. Alvin Binau Hagerstown. E B 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH The law requires that the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF the Conditions, if ony, which gove -transit rise to immediate couse (o), signed by DUE TO, OR AS & CONSEQUENCE OF stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) tor use as the t Health priar tab has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor detached for the Dept. of H (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote TO FUNERAL DIRECTOR: After this While Not while State [be retained by 22a. I certify that (I) (this haspital) attended the deceased from 21 saw the deceased alive on the lost of that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. It (we) (did) (did not) view the body ofter death. saw the deceased alive on? 22b. SIGNATUS 22c. DATE SIGNED ATTENDING STAFF directar, page 3 should be filed v PHYS. DIRECTOR PHYS. 21 Feb PHYSICIAN'S 22e. ADDRESS MAME (Type) Ribhard Binford M.D. 1135 Potomac Avenue 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) BENOVAL (Spacify) 2-24-69 US National Cemetery | Baltimore, Md 24 FUNERAL DIRECTOR ADDRESS 250. PEBBY 2EGHTRAP 969 256. RECYDDAR'S SGNATUL Minnich Funeral Home Hagerstown, Md. DATE

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	MARYLAND STATE DEPARTMENT OF HEALTH OPEN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 25 HOL
ny delay is 2, and 3 to PM3. Page	(Type or Print) CA RL DOUGLAS HAYES DEATH MATED = 2 21 1969 835
P 3 3 4	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOL
Man de	Male White Oct. 24,1927 41 YRS. MONTHS DAYS HOURS MIN. Month Day 1 Year 1969 92
12 a a	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
form, form te Di	No. Carolina U.S.A. WIDOWED DIVORCED Washing to u
Poggist Sta	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
hin 24 hours ofter death nati in Item 18. Give Pages nares office along with for pages lond 2 with the State fours ofter death	Hancock State Highway Checker Motor Expre
s often 18. Gin a along 2 with	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
12 v Ce o	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE V3b. COUNTY ON BALTIMORE City'S NO 1616 Webster St
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in 24	Rennie Hayes Ollie White 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
Pod Princition	(Yes no or unknown) (If yes nive wor or dates of service)
wit Exor	no Peace Time Mrs. Nancy Hayes, 1616 Webster St 18. CAUSE OF DEATH (Enter only one couse per line 100), (b), and (c). Baltimore, Md. APPROXIMATE INTERVAL BETWEEN DISET AND GEATH
orted cal nit.	18. CAUSE OF DEATH (Enter only one couse per line 192 (0), (b), and (c).)
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XAMINER: This certificate should be executed within 24 hours ofter death te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ge 4 shauld be forwarded to the Chief Medical Examiner's Office along with form your files. age 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dicremotion, or removal, and in any event within 72 sources ofter death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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wri rwa rwa nove	190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH 210. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) STRUCK BY HOURS AM. 2-2/1969 21d. INJURY OCCURRED 21d. INJU
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fCAL E executor. Poped for CTOR: F	22a. I certify that I taak charge of the remoins described obove, held an Autapsy Inspection , Inquiry , ond in my opinic
ITY SIC. ry, please e eral director be retained RAL DIRECT prior to bu	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner
TY please y, please eral directs be retaine (AL DIREC	ACTUAL CHIEF MEDICAL EXAMINER (120 DATE SIGNED)
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o DEPUTY SICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) 217 W. W26 hing for SY Hager (ADRESS(Street city: town, or county)
TO The the the S THE HEE	230 BURIAL CREMATION 236 DATE 23. NAME OF CENTERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stotal
	REMOVAL (Specify)
	24. FUNERAL DIRECTOR ADDRESS
VR A15ME (5) 10M REV. 1/68	Andrew K. Coffman Funeral Home, Inc. FFR 2 5 1989 Minutas Quedan

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1		03024		D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL	TIMORE MARYLAND 217	
	T			CERTIFICATE OF DEATH	030	120
death. neral and 2 death.	1. DE	CEASED-NAME First ype or print) Mich	Middle	Henderson	2a. DATE OF DEATH Month February 20	Yeor 26. HOUR 30 pM
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death tertificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 7 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.	3. SE	x Male	4. RACE Negro	S. DATE OF BIRTH February		JINDER I YEAR - IF UNDER 24 HRS. ITHS DAYS HOURS MIN.
naurs in by a rs. Pa 2 haurs	7a. B	IRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED X	9. COUNTY OF DEATH	
sly filled in by the fur ban papers. Pages I within 72 haurs affer	10. C	Maryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:	STITUTION (If nat in haspital 120. US)		Md. 2b. KIND OF BUSINESS OR INDUSTRY
and completely fi remave carban n any event, with	13o.		Washington sed lived, if institution: Residence before 13b. COUNTASHINGTON	County Hospital 13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
sician and completion please remaye carly and in any event,		ATHER'S NAME First	Middle Last	Hagerstown YES I	NO 430 Suman Aver	lost
e rem		Daniel Fran	nklin Henderson		omasine Carter	
physician a nen please r aval, and in	16o. Y	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? war or dates of service) None	NO. 17. INFORMANT Mother	Address Ha	gerstown
Then remay			nly one couse per line for (o), (b), and (1).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physician. signed by the attending physical-transit permit. Then purial, crematian, ar remaval		7769 IMMEDI	DUE TO, OR AS A CONSEQUENCE OF	electores		1 khn
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hed far us	MEDICAL CES	21a. ACCIDENT WAS UNDERLYII or contributing Cause of DEA (If either, natify medical exam	TH HOUR A.M. Month Doy Year		ter noture of injury in Port 1 or Part 2, Item	1B.)
Dept.	ME	21d. INJURY OCCURRED 21e While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. N	o. City ar Town C	ounty State
the State		22a. I certify that (I) (#	nis hospital) attended the decease alive an 2/20 e, (I) (we) (did) (d id not) view the	ed fram 2/20, 19 967, and that in (my) (our) appeals after death.	G7, ta 2/20 , 1965 pinian death accurred an the date of	, that (I) (we) last and haur and fram the
le 3 sho		22b. SIGNATURE Clevand U	Ditto III. H		MED. STAFF 22c. DATE	E SIGNED 2/21/69
rage 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
direct	23a.	PEMOVAL (Specific)		CEMETERY OR CREMATORY ON COUNTY HOSPITAL	HAGERSTOWN . MARYLA	County) (Stote)
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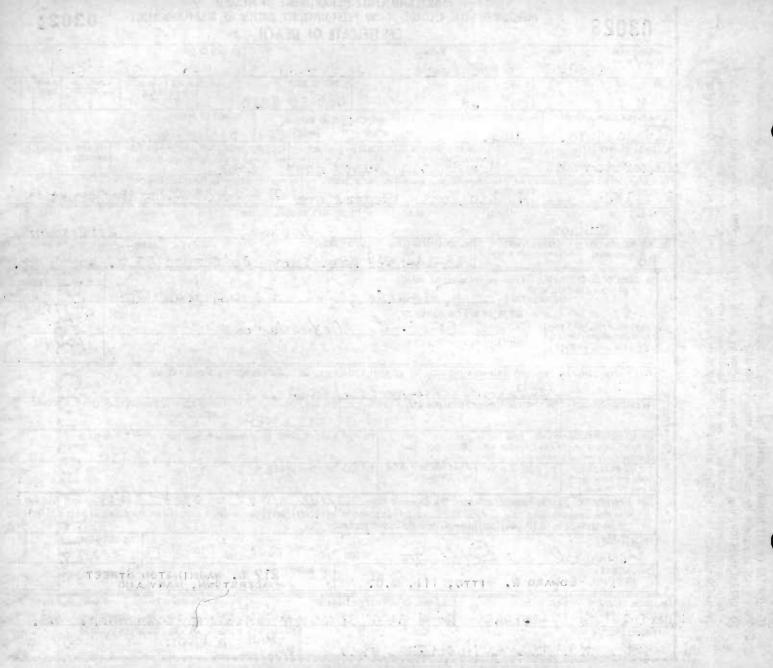
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urs after death.	(Type or print)	charles	Boyer	Не	ewett	20. DAIL	OF DEATH	27 1989	2b. HOUR 4:30Pm
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	rat y Lati	u U.	S.A	WIDOWED	DIVORCED	Wa.	shington		Md.
9	10. CITY OR TOWN OF DEATH Hagerstown	H 11 gi	. NAME OF HOSPITAL OR IN	County	Hospital 120. U	USUAL OCCUPAT g most of work Secti	10N (Kind of work d sing life, even if refire On Hand	ed.) 12b. KIND INDUSTRY	OF BUSINESS OR
-	130. USUAL RESIDENCE (Who odmission) STATE Mar	re deceosed lived, if insti yland 13b. COUNT	itution: Residence before Y Washington	13c. CITY OR 1 Sharps	TOWN 13d INSIDE C	NO 13e	STREET AND NUMBER	ĥaplin S	
	14. FATHER'S NAME Fir	st Middle	Hewett	15.	MOTHER'S MAIDEN NAM	ME First Margai	Midd		Lost
	160. WAS DECEASED EVER II		16b. SOCIAL SECURITY		FORMANT	Tierr Per			Boyer
		(If yes give war or dates of service)			s. Rose G.	Hewett	Addre Sharpsbu		
	18. CAUSE OF DEATH	(Enter only one couse per	r line for (o), (b), and (c)))				APPR BETWEE	ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)	Brond	nopen	umoni	a			
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	lost.) (c)_	ALIANO TO DESTRUCT						
	128811	CANT CONDITIONS CONTRI	action C	1 NCCL	THE TERMINAL DISEASE	lenia	GIVEN IN PART 1(o)		
	190. DATE OF OPERATION	N 19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		o. IF YES, WERE FINDIN	NGS CONSIDERED IN	N CERTIFYING
	TIFIC				YES NO	CAI	USES OF DEATH?		
			OF INJURY	21c. HOV	W INJURY OCCURRED (E	nter noture of	injury in Port 1 or Po	rt 2, Item 18.)	
	OR CONTRIBUTING CA		VI. 1	9					
	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJUR			ATION Street or R.F.D.	No.	City or Town	County	Stote
		t (I) (this haspital) a	tended the deceas	ed from	AN 26, 1	9-69, ta_	Feb 27	, 19 69, th	nat (I) (we) last
	saw the dece	eased alive an Fada dabove, (I) (we) (die	d) (did not) vious the	19.67, and	thot in (my) (our)	apinion deat	th occurred on th	e dote and hav	ur and from the
	22b. SIGNATURE	a above, (i) (we) (all	u) (did iioi) view me	budy differ de	euiit.			22c. DATE SIGNED	
	Tr	ancieco (G. Jap 24	DEGREI	ATTENDING PHYS.	MED. DIRECTOR	STAFF C	2/28/	69
	22d. PHYSICIAN'S NAME (Type)	PANCISC	OG. JA	+PZON	110 S.		orthum	Are	2
	23o. BURIAL, CREMATION,	23b. DATE		CEMETERY OR C		23d. LOCA	ATION (City or Town)	(County)	(Stote)
	Bende An (3 pecify)	March 2	1969 Mt. V	iew Cem	etery	Shar	psburg	Washin	ngton Md.
-	24. FUNERAL DIRECTOR		ADDRESS		2So. REC	D BY REGISTRAL	2Sb. REGISTE	RAR'S SIGNATURE	.440
3	Albert L.	Leaf Willia	amsport Md.		DATE	III D	1969 #	The same	1

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0383	21
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOW	WN Month Day Y	eor 2b. HOER
of ge to	((Type or Print) A:NNA MYRTLE HESS OF ESTI- DEATH MATE		1969 6 .N
Po 34	3. 5	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR 1F UNDER 24 HRS. 2c. DATE PRONO		2d. HOUR
y dell and PM3.	F	Female White Jany 12 1870 99783 MONTHS DAYS HOURS MIN. Febr 3	3 1969 Year	T.
2 2	7a.	BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	36.3	
form form te De	coun	Penna USA WIDOWED X DIVORCED Washingt	ton	Me
deoth e Poge with f ne Stat	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind	of work done 12b. KIND (OF BUSINESS OR
after death 8. Give Pages olang with far with the State leath.		Hagerstown Give street oddress Avalon Manor during most of working life, even the conservation of th	fe INDUSTRY INDUSTRY	lome
	13a.	I. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND	NUMBER	
	0	odmission) Maryland 13b. Walshington Hagerstown YES & NO 971 Mu	ulberry Ave	
24 hours in Item 1 Offine es Tand 2	14. F	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First	Middle	Lost
S S S S S S S S S S S S S S S S S S S		William Gonder Elizabeth Will	lard	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	
L within pencil Examine File page 72 hou	(,	Yes, no, or unknown) (If yes give war or dates of security 20-44-9975 Raymond M. Hess 244 Pi	rospect Ave	
ed v in il Ey		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Hagerstown Md.		OXIMATE INTERVAL N ONSET AND DEATH
be executed "pending" in ief Medical E insit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis	2 d	ays
Me T pe		4/24 DUE TO, OR AS A CONSEQUENCE OF		
		(b) Arteriosclerotic Cardio Vascular Diseas	e 5 v	ears
shauld be executed e word "pending" in ony event within ony event within		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
sho a th a th buri	X	(c) Fracture Of Femur	24	days
ote g th ed t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(a)	
is certifico te, writing forwarded e used as removal, o	NO			
	ICATI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		UTOPSY?
be e	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month. Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Pa		S NO D
tifico Id be iuld b		PRIMARY OR CONTRIBUTING THOUR	rt 1 ar Part 2, Item 18.)	
CAL EXAMINER: T execute the certificator. Page 4 should b of far your files. CTOR: Page 3 should buriol, crematian, ar	MEDICAL	CAUSE OF DEATH 1 P.M. 1 10 1969 Evidently fell from bed. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town)		6
XAMI of the the ge 4 s your f your f cremo	~		vn County	Stote
7 5 0 7	20	WHILE AT WORK AT WORK NITSING Home Hagerstown W		
ICAL E exector. Po ed far CTOR: buriol,	3.5	22a. I certify that I taok charge of the remains described above, held an Autopsy, Inspection 🗓,		in my opinian
please e please e director retained DIRECT ar ta bu		death resulted from: Natural couses 🔀 Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermin	ned monner	
please direct direct DIRECT DIRECT TO DIRECT T		ACTUAL CHIEF MEDICAL EXAMINER		
TY,		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	22b. DATE SIGNED	
DEPUTY eccssory, p te funeral may be re FUNERAL I eolth priar		EXAMINER'S NAME (Type) DD THE DITTOR OF T	2-5-69	
necessory, the funerol 5 may be TO FUNERAL Heolth pri	220	NAME (Type) DR E. W. DTTTO, JR. 215 W. Washi ADDESSITES LIV. tow Has current to BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATION 23d. LOCATION (City.		/CA-A 3
7	230.	REMOVAL (Specify) REMOVAL (Specify) ROSE Hill Compton Hagerst	, , , , , , , , , , , , , , , , , , , ,	(State)
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VR A15ME (5)		Andrew K. Coffman Funeral Home Inc. DATE FFR 10 1969	Munico y	udglo

MARYLAND STATE DEPARTMENT OF HEALTH

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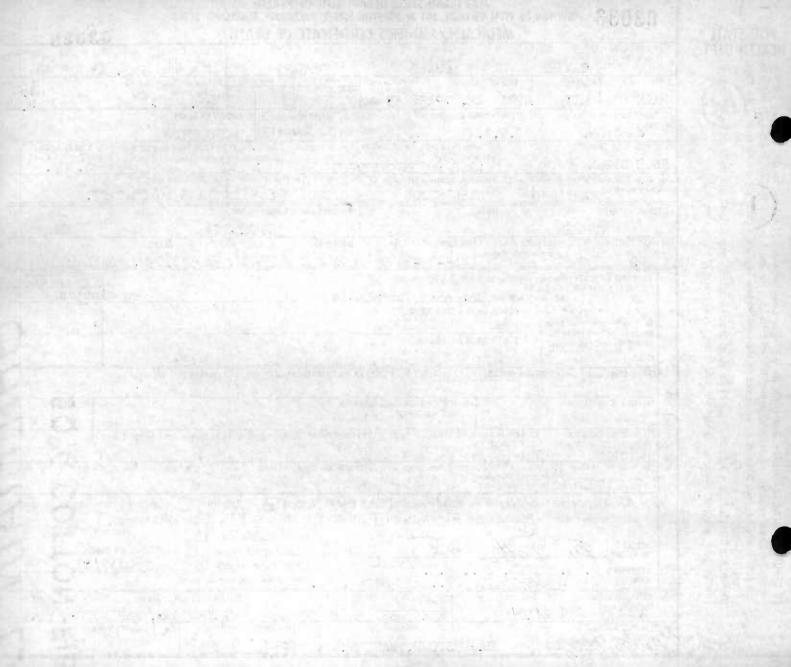
7 1		03031	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	03027
death. neral and 2 death.		DECEASED-NAME First Type or print) CLA	Middle Lost 20. DATE OF DEATH	1969 25 HOUR 1
ficate be executed within 24 haurs after death sician and campletely filled in by the funeral please remove carban papers. Pages 1 and 2 haurs after death at, and in any event, within 72 haurs after death	3. 9	MA LE		F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
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ecuted camplet over car y event	odn	MARYLAND	13b. COUNTASHINGTON HAGERSTOWNYES NO 13d. INSIDE CITY LIMITS? 13d. 1739 SUMMIT	AVE.
or and and and in an		FATHER'S NAME First MILTON	ARTHUR KARN 15. MOTHER'S MAIDEN NAME FLIST REBECCA	KAETŽĖL HSBURG
Physician Physician en please aval, and	160		The forman in th	MD.
ne death co		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI	nly one couse per line for (a), (b), and (c). ED BY: LATE CAUSE (o)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 3 3 Less •
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equires physicio signed I burial-tr burial, c		lost.	(c)	
Page 4 may be retained by the haspital or attending physician. Co FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confinence or attending physician.	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	SIDERED IN CERTIFYING
ICIAN: 1 pital or rtificate d for us af Healt	MEDICAL CER	210. ACCIDENT WAS UNDERLYIFT OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	NG 21b. TIME OF INJURY 17H HOUR A.M. Month Doy Yeor 19 P.M. 19	n 1B.)
G PHYS the has this ce detache	ME	While Not while ot work of work	COFFICE BUILDING, ETC.	County Stote
TENDING ined by the OR: After oould be on the State		saw the deceased a	nis hospital) attended the deceased from 6/5, 1966, ta 2/12, 1961 in that in (my) (our) opinion death accurred on the date e, (I) (we) (did) (did not) view the body ofter deoth.	, that (I) (we) lost and hour ond from the
L OR All be reto DIRECTOR 3 she liled with		26. SIGNATURE	DEGREE PHYS. ATTENDING DIRECTOR DIRECTOR DIVERCTOR DIVER	TE SIGNED /69
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should shauld be filed with the	220	22d. PHYSICIAN'S NAME(Type) BURIAL, CREMATION, 23b.	DATE 23c. NAME OF CEMETERY OR CREMATORY 423d, 19CATION 1City of IDWAL.	4
TO H OT Page direction of the state of the s		REDUTE STATE FUNERAL DIRECTOR	2/14/69 ROSE HILL CEM. HAGERSTOWN W	VAUSH. MID'e)
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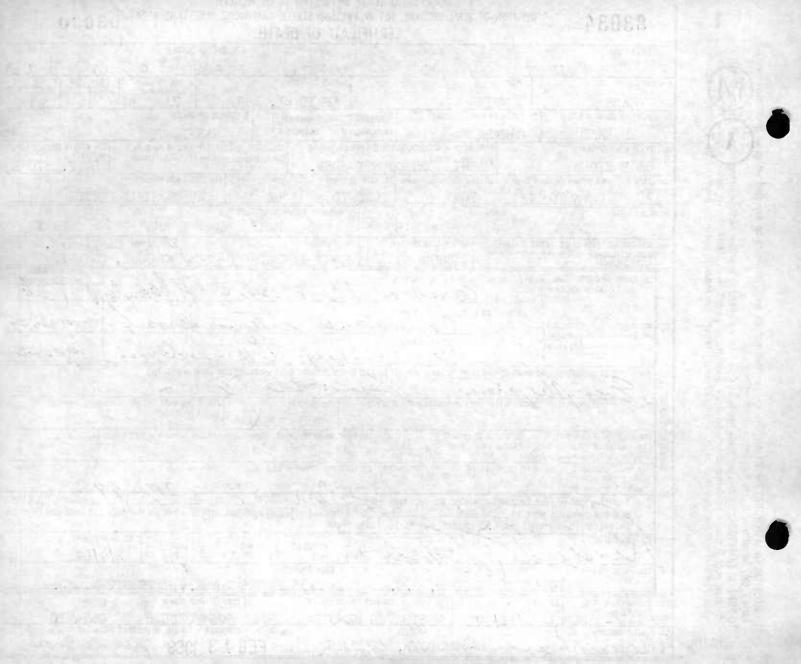
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		03032	DIVISION OF VI		W. PRESTON STREET,		RYLAND 21201	0302	18
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s after death the funeral ages I and rs after death	3. S	FEMALE	4. RACE WHITE		S. DATE OF BIRTH 1/15/19	19	6. AGE (in years last by hinday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
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amplete ve carb	13a. odm	USUAL RESIDENCE (Where deceission) STATE RYLAND	eased lived, if institution:	Residence before 13c.	CITY OR TOWN 13d. INSIDERSTOWN YES	E CITY LIMITS? 130. ST	PEH AND NUMBER AS	HINGTO	N ST?
ote be executicient and complete formand complete formand complete formand complete formand contractions and contractions and contractions and contractions are contracting contractions and contractions and contractions are contracting	14.	FATHER'S NAME First GEORGE	Middle WILLIAM	WINTERS	IS. MOTHER'S MAIDEN NA	AME First	GANNON		Last
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. **INTECTOR:* After this certificate has been signed by the attending physician-and/campletely filled in by the funeral et a should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 et a should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 et a should be detached for use as the burial, crematian, ar remaval, bod in any event, within 72 hours after death and with the State Dept. at Health priar to burial, crematian, ar remaval, bod in any event, within 72 hours after death	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	b. SOCIAL SECURITY NO.	17. INFORMANT MR . MAX KE	EDY HAG	ERSTOWN M	D •	
cert may		18. CAUSE OF DEATH (Enter	only ane cause per line for	or (o), (b), ond (c).)				APPROXIM:	ATE INTERVAL SET AND DEATH
that the death cerian.		DADT I DEATH MAC CALL	SED BY: 77 /	monary 7	doms			- ^	a V S
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res sici sici al-t	12	last.		rebro/	Embolus			10	34
equires physicio physicio signed I burial-tr burial-tr		PART 2. OTHER SIGNIFICANT (ATED TO THE TERMINAL DISEAS	E OR CONDITION GIVE			/
ing Fen The	NO	Portal	Circhi			- 3 1 1 1 1	15 Y	rs.	
The lovatend attend has be se as the prior	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH	OPERATION WAS PERFORM			YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CER	RTIFYING
l or cate ar u		21a. ACCIDENT WAS UNDERLY		JURY Manth Day Year	21c. HOW INJURY OCCURRED	(Enter nature of inju	ry in Port 1 or Port 2,	Item 18.)	
pito pito af t	MEDICAL	(If either, notify medical exa	miner) P.M.	19					
OR ATTENDING PHYSICIAN: The low requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by je 3 should be detached for use as the burial-transed with the State Dept. af Health priar ta burial, creed with the State Dept. af Health priar ta burial, creed with the State Dept.	W	While Nat while at wark			21f. LOCATION Street or R.F.	D. Na. City	ar Town	County	State
by frer be Stat		22a. I certify that (I) (this haspital) attend	ed the deceased fr	om 2-24,	19/04, to	2-25,19	69_, that	(I) (we) last
R: A		saw the deceased	ve, (I) (we) (did) (die	test) view the hady	, and that in (my) (opinian death	occurred on the da	te ond haur o	nd fram the
ATT etair CTO short ith		22b. SIGNATURE/	(0, (1) (ma) (did) (dia	anoty view ine budy			22c.	DATE SIGNED	
OR DOR TO BE TO BE A W Wed w		Charles	J. Has	2 M.D	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. \square 2	-27-6	9
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. af Health prior to burial, crematian, ar remaval.		22d. PHYSICIAN'S NAME (Type)	RESF. HE	ESS M.D.	22e. ADDRESS	ISBURG-	Mr.		
HOS FUN FUN haul	23 a	BURIAL, CREMATION, 231	D. DATE	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATIO	ON (City ar Tawn)	(County)	(State)
5 5 5 5 V		BWA(TACY)	2/28/69			JRCH HAN			MD.
VR A15	24.	FUNERAL DIRECTOR	Aller	DDRESS	1.04	MAR 4	989 FEGISTRAR'S	SIGNATURE Que	date.
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The same		03033 DIVISIO	ON OF VITAL R	ECORDS, 301 W.	PRESTO	N STREET, BALTI	MEALTH IMORE, MARY	LAND 21201			
STATE				CAL EXAMIN						0303	00
I DEPT.		ECEASED-NAME Fit	st	Middle		Lost		2o. DATE KNO	WN Month	Doy Y	eor 2b. HOUR
of o	L'	CARME	N	DONALD		KEPHA	RT	OF EST DEATH MAT	ED FEB.	15	19696:30
D.	3. S	EX 4. RACE	S. DATE OF B	RTH 6. A	GE (In years ist birthday)	MONTHS DAYS	IF UNDER 24 HRS.	2c. DATE PRON	OUNCED DEAD		2d. HOUR
		ALE WHITE	APRIL	22, 1915	53 YRS	MUNIHS DATS	HOURS MIN.	Month Feb.	7 Soy	Yeor 19	69 P N
/	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MA	RRIED NEVER MAR	RIED 9. CO	UNTY OF DEATH			
	cour	try) MARYLAND	U.S.A.		1			ASHINGTO			М
		ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR street oddress)	NOITUTITZMI	(If not in hospitol	120. USUAL C	CCUPATION (Kind	of work done	12b. KIND C	DE BUSINESS OR
10		AGERSTOWN	4	21 S POTOM	AC ST	REET	AGE	of working life, e VT	ven it retired.)		CO.
21	130.	USUAL RESIDENCE (Where dece	osed lived, if instit	ution: Residence befo	re 13c. CITY		INSIDE CITY LIMITS?	13e. STREET AN		2500	74.
4		dmission) STATE MARYLA					YES NO	21 S	POTOMAC	ST.	
1	14. F	ATHER'S NAME First	Middl			1S. MOTHER'S MAID	DEN NAME First		Middle		Lost
-		CARMEN	N	KEPH			HENRIE				DERR
		WAS DECEASED EVER IN U.S. ARMEI es, no, or unknown) (If yes gi	FORCES? we war or dates of service)	16b. SOCIAL SECURITY		7. INFORMANT			ADDRESS		
		NO		214-09-30		DONALD G	KEPHART.	HAGERS	TOWN, M	ARYLAN	30
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	line for (o), (b), ond (o).)						OXIMATE INTERVAL N ONSET AND OEATH
		IMMED	IATE CAUSE (o)	loronary T		osis			Few	minute	S
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		stoting the underlying couse last.	DUE TO, O	R AS A CONSEQUENCE (OF .						
			(c)								
		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DIS	SEASE OR CONDITI	ON GIVEN IN PAR	T 1(o)		
	TION	190. DATE OF OPERATION		19b. CONDITION FOR	WHICH OPE	RATION				120 AI	JTOPSY?
1	CERTIFICATION			WAS PERFORME							S Tat NO
	CERT	21o. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY Month, Doy, Ye	or 2	1c. HOW INJURY OCC	URRED (Enter not)	ure of injury in Po	ort 1 or Port 2) [X
	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A	.M. 19			V =				
	MED	21d. INJURY OCCURRED 21e	PLACE OF INJURY	(At home, form, street,		1f. LOCATION Street o	r R.F.D. No.	City or Toy	vn	County	Stote
		AT WORK AT WORK	octory, office building	ng, etc.)				1			
		22a. I certify that I	taak charge of	he remains describ	ed above	held on Autor	osv ar In	spection ,	Inquiry [7. and	in my opinian
		death resulted fram:					Hamicide	_	ined manner		in my opinion
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	230.	BURIAL, CREMATION, 231	. DATE			OR CREMATORY	23d	LOCATION (City	or Town)	(County)	(Stote)
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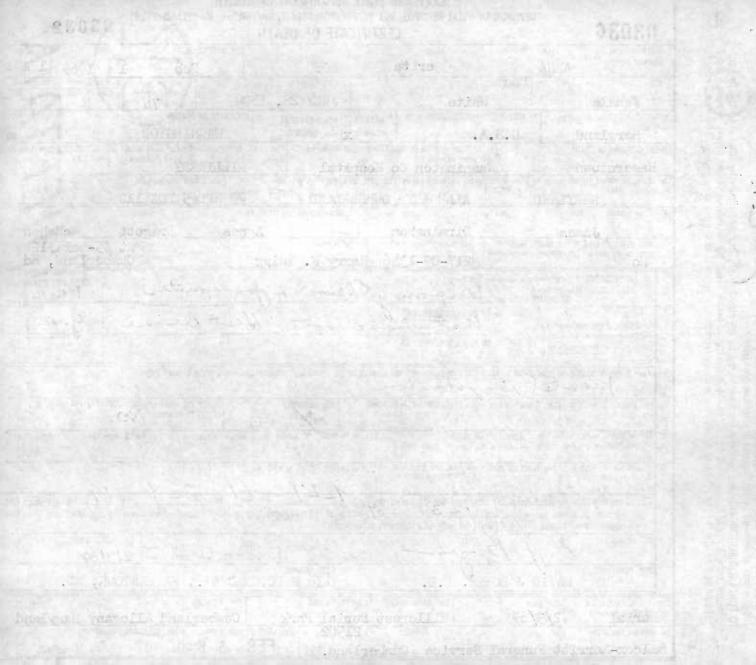
MAKTLAND STATE DEPARTMENT OF HEALTH



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			CERTIFICATE OF DEATH		031
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by by bours	7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
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within tely fille rbon pa	Hagerstown	give street oddress) Man	or Nursing Home during mo	st of working life, even if retired.) Housewife	Own Home
cuted ymplet ve car event,	13o. USUAL RESIDENCE (Where dec	eosed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIM	The state of the s	
executed ind complete can ove executed any event	odmission) STATE	13h county. Washington	Hagerstown YES NO	= +3+ 000cm 1101	e.
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T COD	160. WAS DECEASED EVER IN U.S.				Everhart
S 0 -		ve wor or dates of service) 2/4-09-8		305 S. Mulberry St	t Hacetatoma
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equires that the physician. Signed by the burial-transit burial, cremat	lost.	() Arterio			Yrs.
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The law ratending attending has been se as the h priar ta	190. DATE OF OPERATION 11	9b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY?	20b. IF YES. WERE FINDINGS CO	ONG DEPT IN CERTIFICATION
he la	190. DATE OF OPERATION 19	TO CONDITION FOR WHICH OFERATION WAS FE	YES NO	CAUSES OF DEATH?	DUSIDERED IN CERTIFYING
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YSICIAN: aspital ar certificate hed far u	OR CONTRIBUTING CAUSE OF C				
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DING PHYS by the has frer this ce be detach	While Not while at work				
UDING d by th After d be d e State	22a. I certify that (I) (this hospital) attended the decease	ed from 195	7, to Feb 3 , 194	69 , that (I) (we) la
ATTENI stained CTOR: A Should ith the	couses stated abo	ove, (I) (we) (did) (did not) view the	9 67 , and that in (my) (cas) apir bady after death.	non death accurred on the dat	te and hour and fram th
ATTENE retained ECTOR: A should with the	22b. SIGNATURE	- 11	ATTENDING ATTENDING	22c. D	PATE SIGNED
OR be re DIRE 3	Close	a. Hoffmer	DEGREE PHYS. DII	RECTOR STAFF D	5/67
ITAL May RAL Pog pe fi	22d. PHYSICIAN'S NAME (Type)	IL A. WAFF	men 2/4 N. 1	Potomecst.1	
OSP 9 4 1 JINER ctor, uld I	7_10	L DATE TO TO			16
Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Health	230. BURIAL, CREMATION, REMOVAL (Specify)		CEMETERY OR CREMATORY Haven Cemetery	23d. LOCATION (City or Town) Hagerstown-Was	(County) (Stote)
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MAKTLAND STATE DEPAKTMENT OF HEALTH



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1	4		03037		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		3633
	# _ 2 #	1	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	within 24 haurs after death. Tely, filled in by the funeral ribon papers. Pages 1 and 2 t, within 72 haurs after death.		(Type or print) Doro	thy Lucille	Lynch	February 25	y 1969 M
	for for filer	3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In veors	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	the the		Gemale	White	December 23	1920 last birthday) YRS.	MONTHS CAYS HOURS MIN.
	haul haul	7	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
	ed in	-	Magerstown, Md. D. CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	Washington	Md.
	H THE	,	J. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress)	during n	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	arboot t	7	Agerstown So USUAL RESIDENCE (Where decens	give street address) Washington ed lived, if institution: Residence before	Co. Hospital 13c. CITY OR TOWN 13d. INSIDE CITY	ost of working life, even if retired.) JOUNEWATE LIMITS? 13e. STREET AND NUMBER	Own Home
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital ar attending physician. **IRECTOR:** After this certificate has been signed by the attending physician and (ampretely, five 3 shauld be detached far use as the burial-transit permit. Then please remave carbon bed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with	7/0	dmission) Maryland	13b. COUNTY, ington		0 22 Broadway	
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	ate iciar ileas and	T I	60. WAS DECEASED EVER IN U.S. ARN	IED FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT	Address	
	ertificate be exemple to the physician and then please reminant in any i		Yes, no, orunknown) (If yes give w	216-14-50	50 Mr.R.P.Lynch	22 Broadway Hage	erstov n ₂ Md ₂
	ing Thr		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).	P		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	deat tend mit.		IMMEDIA	TE CAUSE (o)	Purumonia		3 days
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	of the half		rise to immediate couse (a),	(b) DUE TO, OR AS A CONSEQUENCE OF	ow, when he		Yrus -
	es the siciar de policier de p		stating the underlying couse last.	(c)			
	equires that the death ce physician. signed by the attending burial-transit permit. Th		PART 2. OTHER SIGNIFICANT CON		OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
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	e lav fend s be as t		190. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	r at r at e ha use use	X	E ACCIDENT WAS UNDERLYIN	O Tour	YES NO		
	IAN: al a ficati far far Hec			HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port 2,	Item 18.)
	rspit aspit certii ned t. af		GOR CONTRIBUTING CAUSE OF DEATH			. City or Town	County State
	PHY ne has his etacl		While Nat while of work	OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. No.	. City of Town	County Stole
	ING by the ter t		22a. I certify that (I) (thi	s haspital) attended the decease	ed fram 10-20, 19	944, to 2-23,79	_69_, that (1) (we) last
	ed bed k: Af	900	saw the deceased al	ive an 2/2/1	od fram 10-20, 19 19 64, and that in (my) (our) appeady after death.	inian death accurred an the do	ate and havr and from the
	ATT stain ishau		22b. SIGNATURE	, (i) (we) (aid) (aid Nai) view me	6		DATE SIGNED
	OR De re	8 3	Je	her It I form ha less.	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	
	AL DAY Page	,	22d. PHYSICIAN'S John	n H. Hornbaker, M.	D. 22e. ADDRESS 154	West Washington gerstown, Md. 2	St.,
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and (amptetely) director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, with	1	Totals (17)por				1/40
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	5 5 5 °		A CHIMEDAL DIDECTOR // P	28/69 Rest	Haven Cemetery 250. REC'D	Hagerstown-Wash	ungton-Md.
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MARYLAND STATE DEPARTMENT OF HEALTH

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3/10/69 kkDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03037 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle First 2g. DATE KNOWN Month (Type or Print) ESTIiny delay is 2, and 3 to PM3. Poge WILSON MORRE WOODROW DEATH MATED IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD 2d. HOUR HOURS Mala White Nov. 7. 1912 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDA-9. COUNTY OF DEATH Item 18. Give Poges 1 DIVORCED [WIDOWED [WASHINGTON U.S.A. with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.) HAGERSTOWN PACKING CO. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY WASHINGTON HAGERSTOWN YES TO NO 31 E. LEE STREET Tand 2 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last TRONE MOORE HELEN DAVID ADDRESS W WASHINGTON ST. pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, na, ar unknawn) HAGERSTOWN. MARYLAND 218-09-5016 MRS. BETTY LOU WISHARD File . APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise ta immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, NO 4 pe OF 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and in my apinian death resulted from: Natural causes 4. Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ 2/28/69 DEPUTY MEDICAL EXAMINER E. W. DITTO, III., M.D. 215 W WASHINGTON ST. HAGERSTOWN MD. ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 50 23a. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 3/3/69 Rt #2. HAGERSTOWN, WASHINGTON, MD ST PAUL'S CEMETERY 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) HAGERSTOWN, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

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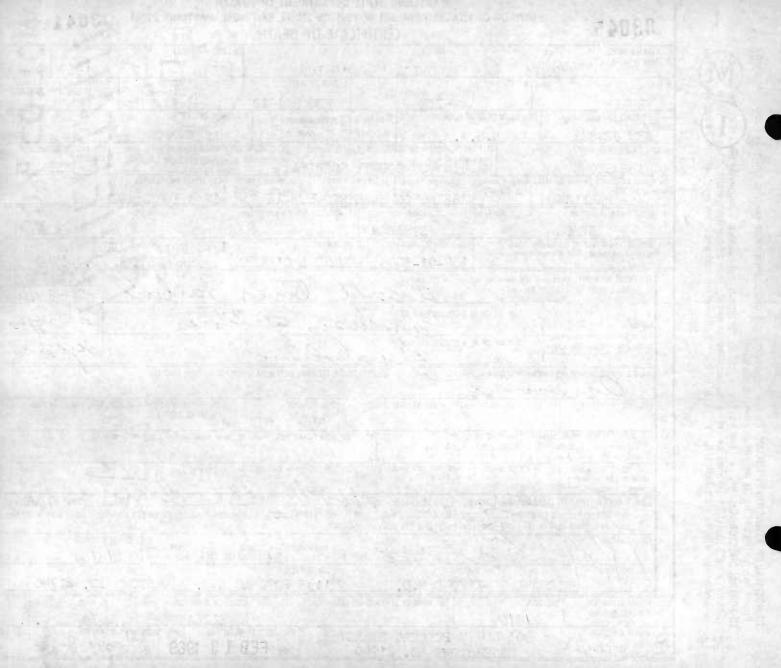
	1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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r e	cian and completely filled in by the funeral ease remove carbon popers. Pages 1 and and in any event, within 72 hours after death.	3. SI	12 Male Negro 11/9/1883 lost Withday) YRS. MONTHS DAYS HOURS MIN.
	4 hour d'in by pers. 72 hou		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARKIED 7. COUNTY OF DEATH WASHINGTON Nd.
	within 2 son popularithin	I	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.) WESTERN MD. STATE HOSPITAL. 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) WESTERN MD. STATE HOSPITAL.
	requires that the death certificate be executed within 24 hours g physician. n signed by the ottending physician and completely filled in by the buriol-tronsit permit. Then please remove carbon popers. Pa buriol, cremation, or removal, and in any event, within 72 hours to buriol, cremation, or removal.	13o. adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Washington Hagers Fun YES NO 15 Clarkson avained
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	scione by ones		. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) 772 72 5 770 Address Address M. Stitle
	ng phi Then	-	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
	equires that the death certifics physician. signed by the ottending physburiol-transit permit. Then buriol, cremation, or removol,		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH C. WORTHS DUE TO, OR AS A CONSEQUENCE OF
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	ing plant signature in the purity of the pur	N.S.	Congestivi Heart Failure
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?
	ICIAN: oital or tificate d for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
	PHYS he hos this cer letoche	ME	21d. INJURY OCCURRED While Not while at work at work at work
	NDING ad by t After Id be d		22a. I certify that (I) (this haspital) attended the deceased from 100 , 1900, ta 120, 1960, that (I) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stoted obove, (I) (we) (did) (did not) view the body after death.
	ECTOR ECTOR S shoul		22b. SIGNATURE 9 22c. DATE SIGNED
	rat or may be at DIR poge e filed		22d. PHYSICIAN'S T 22e. ADDRESS PHYS. DIRECTOR PHYS. R 2/22/69
	OSPII e 4 m UNER, crtor, ould b	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	Pog Pog To Fi	Bu	REMOVAL (Specify) 2-26-1969 Rose Hill Cemetery Hagerstown Wash Md.
	VR A15 30M REV.	24.	FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Folio R Watson gr. Wagerstown md. DATFEB 2 6 1969 (Foliowles) Judge.

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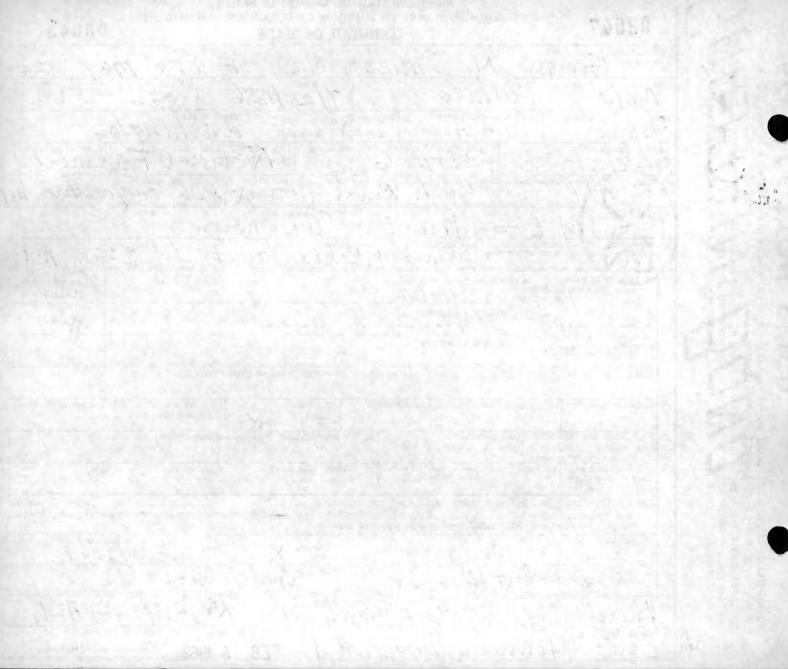
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11_	-27	03045	DIVISION OF V	ITAL RECORDS, 3	01 W. PRESTON STR	EET, BALTIMOR	E, MARYLAND 21201	03041
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£ 25			First	Middle	Last	20.	DATE OF DEATH	2b. HOUR
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2 AXE	3. S		4. RACE		S. DATE OF BI	RTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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ate be exection and consecuence remo		SIMON		STRAT	JSS	ELLA		DALY
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th certifi ding phy . Then remova		1B. CAUSE OF DEATH (Ente	er anly ane couse per line	far (o), (b), ond (c).)	+ 1		1 1 5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endii nit.		PART I, DEATH WAS CA	AUSED BY: MEDIATE CAUSE (o)	ac	ull &	wer	farline	2-3 mls
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t th the sit p		Conditions, if ony, which g		Cin	Mesos	ag in	ner	2775
PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth e hospital or attending physician. his certificate has been signed by the ottending physicion and completely filled fit by her function by the ottending physicion and completely filled fit by her function to see os the burial-transit permit. Then pleose remove corbon places: Polyes Hand Dept. of Health prior to burial, cremation, or removal, and in ony event, within 22 hours of terdethy		stating the underlying ca		A CONSEQUENCE OF	1.1.19	A		Gens.
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phy sign		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT NO	RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
w r ding een the r to	S	une	ma	,			Tank is upo week rivibilia	CONSIDERED IN CERTIFICATION
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by e. 3 should be detoched far use os the burial-trailed with the State Dept. of Heolth prior to burial, cre	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PER			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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al o al o far Hec		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M.	Month Doy Year	21c. HOW INJURY OCC	UKKED (Enter natu	re af injury in Part 1 ar Port 2	, ITEM IB.)
Spire spire ertification of	MEDICAL	(If either, notify medical ex		T HOME, FARM, STREET, FACTO	NOVA LOCATION C	0.5 D. N.	C'1 7	County Stote
JING PHYS by the hos ifter this ce be detoche State Dept.		While Not while	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	ORY,) 21f. LOCATION Stree	dr K.F.D. No.	City or Town	County Stote
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OR: A ould		causes stated a	ove, () (we) (lid nat) view the b	ady offer death.	,, (42-)		
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AL OR yy be r L DIRE L DIRE filed w		11//	1 por	y /	DEGREE PHYS.	DIRECTO	OR PHYS.	2/8/69
moy be moy be RAL DIR r, poge be filed		22d. PHYSICIAN'S NAME (Type)		TODD M.D.	22e. ADD		ATTER TIA TED COLOR	N MD. 21740
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched far use as the should be filed with the State Dept. of Health prior to		7.1		FORD M.D.			AVE. HAGERSTOW	
HC oge	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d	LOCATION (City or Town)	(Caunty) (State)
5 5 5 s	04	FUNERAL DIRECTOR	2/8/69	ADDRESS		2Sa. REC'D BY REG	ELIZABETH ISTRAR 2Sb. REGISTRAR	UNION N.J.
VR A15 (4) 30M REV, 1/68	19	I A M RESERVE	305 NORT	H POTOPRAS	STREET	DATE FFR		contes Judges



MARYLAND STATE DEPARTMENT OF HEALTH

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6	1	MARILAND STATE DEFARIMENT OF TEALIN	
9	6	03047 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	03843
. 2.	1 0	ECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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by the fur Pages 1	3. S		IF UNDER 1 YEAR IF UNDER 24 HRS.
Jin by 72 hours	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 7b. COUNTY OF DEATH WIDOWED DIVORCED 7b. COUNTY OF DEATH WIDOWED 7b.	PZ ₂ Md.
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ecuted v camplete lave cath		USUAL RESIDENCE (Where deceosed lived, if institution Residence before 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CASH	erstown ned
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached for use as the burial-transit permit. Then please remove cobon papers. Pages 1 and with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event.		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Version	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Mandle
equires that the deat physician. signed by the attend burial-transit permit. burial, crematian, or r		Canditions, if any, which gave rise to immediate cause (0). DUE TO, OR AS A CONSEQUENCE OF form of form of the constant of th	years
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ICIAN: pital ar rtificate d far u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	m IB.)
JING PHYSICI. by the haspitr (fer this certif be detached State Dept. af	W	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn	County State
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate je 3 should be detached far u jed with the State Dept. af Healt		22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date causes stated abave, (I) (we) (did) (did nat) view the bady after death.	, that (I) (we) last and haur and fram the
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TO HO: Page 1 TO FUN direct		BURIAL CREMATION, 23b. DATE 5/69 25 NAME OF CEMETERY OR CREMATORY Cem. 23d. LOCATION (City or Town) Hayerstow.	(County) ma, (Store)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03049 03045 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR executed within 24 haurs after death (Type or print) Month 28 Doy 69 Year Mary Lou Reburn 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 firs birthday) female white 11-24-1918 in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED event, within 72 h country) N. USA Washington WIDOWED AT DIVORCED campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR giwasteet pddress) Co. carban during most of working life, even if retired.) Hagerstown Hospital Merst. Store 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Wash. YES Rd. # remave Hagerstown In any 14. FATHER'S NAME Middle Last and 15. MOTHER'S MAIDEN NAME First Middle pe George F. Summers Myrtle Lou Summers ease physician nen please ond **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital or attending physician. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ar unknawn) 239-30-052 burial, crematian, ar remaval, Brenda Lou Maats Hagerstown, Md. for (a), (b), and (g) 18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this haspital) ottended the deceased from 19 69, and that in (my) (our) opinian death occurred on the date and haur and from the saw the deceased alive on director, page 3 shauld shauld be filed with the causes stated obove, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23b. DATE (County) (State) been ALSpecify) 3-3-69 Rose Hill Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR Hagerstown, Md DAIL Minnich Funeral Home 45M

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27	MARYLAND STATE DEPARTMENT OF HEALTH	
7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	046
8	Item4 FilmG409 2/13/69 kk CERTIFICATE OF DEATH	040
÷2- ÷	1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
er death	(Type or print) Chloe Fleanor Robinson February 500y 19	769 4:10 A.M
5 E-16		769 4:10 MM
E E E E E E E E E E	WAILTE Inst birthday Manths	
- 1	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARDIED THEYER MARDIED TO SCOUNTY OF DEATH	
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e executed within 24 haurs after death and campletely filled in by the formeral in any event, within 72 hays after death	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
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ds ds	YES NO P CAUSES OF DEATH?	LD IN CERTIFYING
or of	YES NO VIOLENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
al al al far Hee	32 21a. ACCIDENT-WAS UNDERLYING 21b. TIME OF INJURY OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 32 21a. ACCIDENT-WAS UNDERLYING 21b. TIME OF INJURY OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
SS Spirit	(If either, notify medical examiner) P.M.	
HAY had had ach ept	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Dept while	ty State
the det	at work of work —	
be be stat	22a. I certify that (I) this troubtal) attended the deceased from July 1965, ta Feb. 1969 saw the deceased alive an Aug. 28 1968, and that in (my) (Fer) apinian death accurred on the date and	, that (I) (%e) last
ed ba	saw the deceased alive an Aug 1968, and that in (my) (ear) apinian death accurred on the date and	hour and fram the
TI dain	causes stated abave, (1) (We)(Aid) (did not) view the bady after death.	
R A A S S S S S S S S S S S S S S S S S	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIG	
be de led	DEGREE PHYS. DIRECTOR PHYS.	6-67
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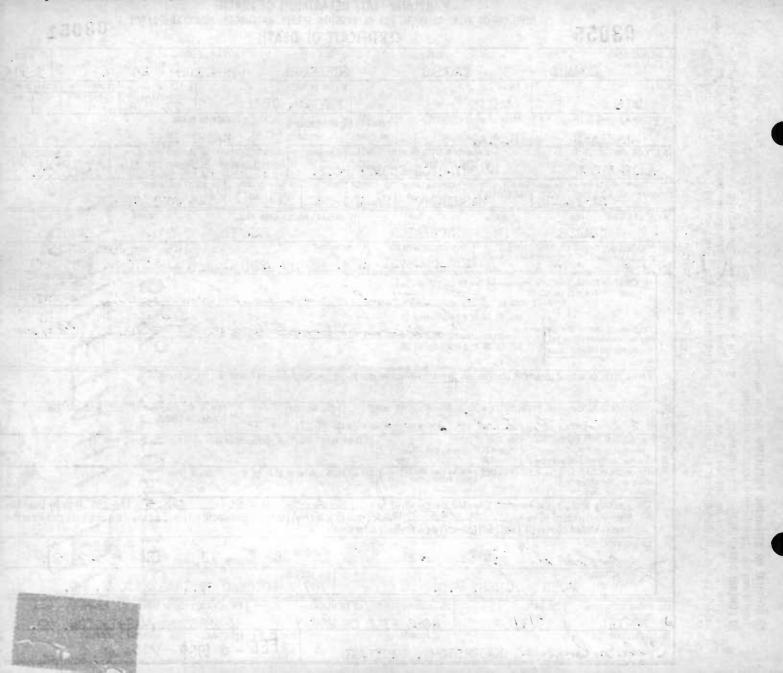
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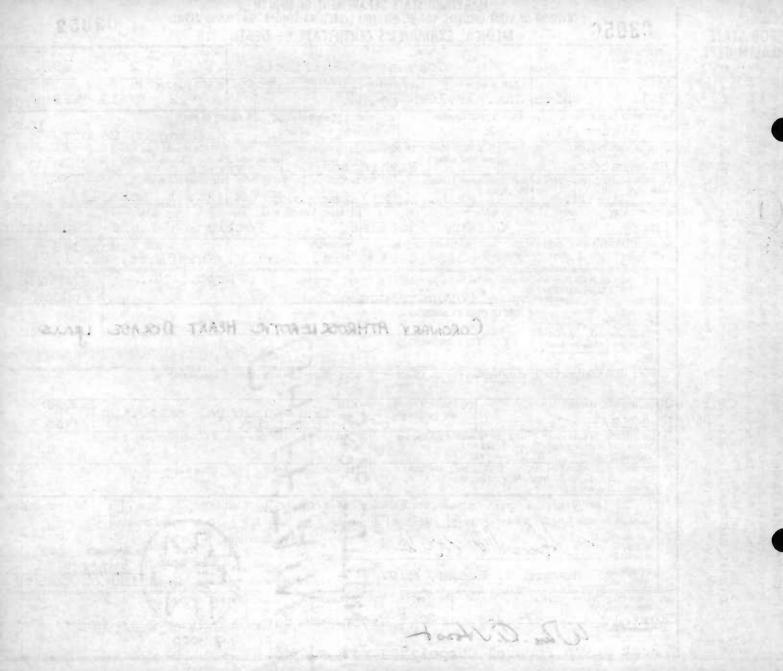
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03051 03055 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME Middle Last 2o. DATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth funeral 1 and (Type or print) **EDWARD** THOMAS SCHLETGH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. ond completely filled in by the T e remove carban papers. Pages in any event, within 72 hours aft lost birthdoy) MONTHS HOURS MALE WHITE MAY 20, 1891 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED country) WIDOWED | DIVORCED WASHINGTON MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) INDUSTRY SOUTHERN give street address) HAGERSTOWN RIBBON CO. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY WASHINGTON YES.F NO 25 JOHN STREET HAGERSTOWN 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle CHARLES SCHLEIGH FANNIE HAWKINS 16b. SOCIAL SECURITY NO Address JOHN STREET 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes_no_or unknown) 214-09-672 MRS. BERTHA SCHLEIGH HAGERSTOWN. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol, cremation, or re PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been d for use os the of Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? abdeniend areus certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City ar Town County Stote While Not while of work TO FUNERAL DIRECTOR: After this 2/24, 1969, to 220. I certify that (1) (this hospital) ottended the deceased from_ _1962, and that in (my) (aur) apinion death occurred an the date and hour and from the saw the deceased alive on... causes stated abave, (1) (we) (did) (die not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS PHYSICIAN'S 22e. ADDRESS AME (Type) N POTOMAC ST. HAGERSTOWN. MARSH. M.D. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR
DATE B GERSTOV 2Sb. RÉGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** HAGERSTOWN, MARYLAND Rouge



FOR STATE	03056 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03052
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day Year 2b. HOUR
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Pa Pay	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR
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hin 24 ncil in niner y poges hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BOX 343
	(Yes, no, or unknown) (If yes give war or dates of service) 388-10-0106 Mrs. Laura E. Shifflett, Rt. 1,
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o DEPUTY necessary, F the funeral S may be r D FUNERAL Heolth price	EXAMINER'S NAME (Type) Howard N. Weeks, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) Washington County
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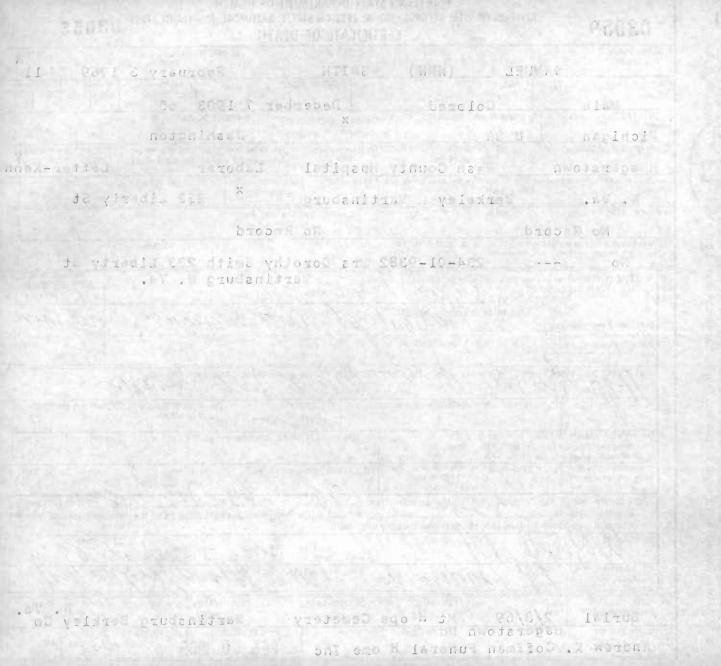
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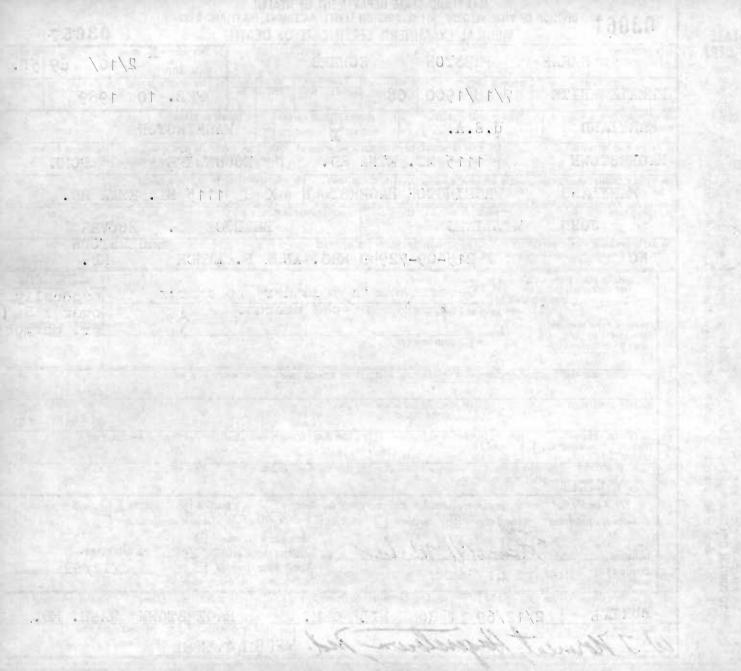
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OR ATTENIOR DIRECTOR: A Shauld ed with the	22a. I certify that (I) (this haspital) attended the deceased from 19 4, and that in (my) (aur) apinian death accurred an the date and haur and from the earlyses stated above, (I) (we) (did) (did tet) view the bady after death. 22b. SIGNATURE: 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS
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ro Hospital Page 4 may ro Funeral I directar, pag shauld be fil	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF (EMETERY OR (REMATORY) 23d. LOCATION (City or Town) (County) (State) 4 Hagerstown, Md.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03059 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2b. HOUR and 2 death. 2a. DATE OF DEATH (Type or print) Month 1969 SAMUEL SMITH NMN February ampletely filled in by the fur ve carban papers. Pages 1 event, within 72 hours after 3. SEX 4. RACE within 24 hours after 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) DAYS HOURS Colored December Male 1903 65 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Michigan WIDOWED [DIVORCED [Washington Md 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR and completely fill remave carban p give street address) during most of warking life, even if refired.) Letter-Kenn H agerstown Wash County Hospital 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before executed 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Berkeley NO X YE5 233 Liberty St Martinsburg in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle dud Last No Record No Record ease attending physician sermit. Then please and The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) burial, crematian, ar remaval, 234-01-9382 Dorothy Smith 233 Liberty St Mrs APPROXIMATE INTERVAL Martinsburg W. Va. 18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and, (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave: signed by the burial-transit rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUENTING TO THEATH BUE NOT RETATED TO THE REMINDE DISEASE OR CONDUTIONS CONTINUENT FOR ILLE has been the Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IT this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for the Dept. of H P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work TO FUNERAL DIRECTOR: After 220. I certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an_ 19 and that in (my) (our) apinion death accurred an the date and have and from the Page 4 may be retained directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after deoth 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR PHY5. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) W (StoV)a. (Caunty) H ope Cemeterv Martinsburg Berkley Co Hagerstown MC ADDRESS 25b. REGISTRAR'S SIGNATURA 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) lienglas K. Coffman Funeral H ome Inc Andrew DATEFEB



2		MARYLAND STATE DEPARTMENT OF HEALTH OPEN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE			03057	
HEALTH DEPT.	1. [Type of Printi	Doy Year O/ 69	2b. HOUR 5P.M
m.y delay is m. PM3. Page Department of	3. S	EX 4. RACE S. DATE QF BIRTH, 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	96919	2d. HOUR
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after death 8. Give Pages 1, along with farm with the State Described by the state of the state		II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during THOUSE WITH THE PARTY OF THE PART	12b. KIND OF BUSIN	VESS OR
haurs after death Item 18. Give Pages 1, Office along with form and 2 with the State De	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COWASHINGTON HAGERSTOWN YES K NO 1115 MT. ETN	IA RD.	
24 haurs in Item 1 ar's Office ond 2	14.		VER last	
nould be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. Fie pages and any event within 78 hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yos give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 215-09-7294D MRS. ANNA B. LYNCH	TOWN MD.	
be executed v "pending" in nief Medical Ex nnsit permit. Fi		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe anemia secondary to cancer	APPROXIMATE II BETWEEN ONSET A Gradua	ANO OEATH
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te shauld be e the ward "per I to the Chief a burial-transit nd in any ever		rise to immediate cause (a), stoting the underlying couse (DETO, OR AS A CONSEQUENCE OF	yr. pe	riod
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ficate ing that ded a sa a a l, and	4	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)		
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. Fle pages land 2 with the Statiation, ar remayal, and in any event within 72 haurs after death	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	NO 🔀
# - 9 0	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	em 1B.)	
	WE	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. Na. City or Town	County	State
ICAL EXA e execute far. Page ed far you CTOR: Pag burial, cre	P	22a. I certify that I taak charge af the remains described abave, held an Autopsy, Inspection 🔀, Inquiry		apinian
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y, pleceral director of prior t		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S		
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TO D nece the 5 m 10 FU	230	REMOVAL (Sperity)	(County) (Sto	
^	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S		
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03063 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03859 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) OF ESTI-DEATH MATED TO 2-22-Alice V. Stottlemver 69 IF UNDER I YEAR 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 80 Month White Jan. 21, 1889 Year Female and 2 with the State Depa 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH alang with farm Maryland WIDOWED X DIVORCED U.S.A. Washington 8. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Charles Mi during most of working life, even if retired.)
House wife INDUSTRY Hagerstown home 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO Hagerstown Charles Item] ner's Office after 4. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Lost Clarence Stottlemyer Lydia Warrenfeltz within 24 .01 haurs addes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil. 2 Hoffman Dr. (Yes, no or unknown) Exan 20-46-9925 Mrs. Pearl Weaver Williamsport. File .= within executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Coronary Occlusion Instant event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove (b) Arteriosclerotic Cardio Vascular Disease Several rise to immediate couse (a), should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse vears .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 90 ar remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ficate, YES [NO J pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE P AT WORK AT WORK 22a. I certify that I taak charge af the remains described abave, held an Autapsy [], Inspection x and in my apinian Inquiry Natural causes 😿 Accident . death resulted fram: Suicide Hamicide Undetermined manner prior ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 2-22-69 **EXAMINER'S** Health NAME (Type) Dr. E. W. Ditto Jr. 215 W. Washimpt StreetSty town Hageristown. Md. the 50 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d, LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Grossnickle Cemetery Ellerton Feb. 25.1969 Fred. Md. Buria. 24. FUNERAL DIRECTOR 21769 VR A15ME (5) Gladhill Middletown, Md. Company

MAKTLAND STATE DEPARTMENT OF HEALTH

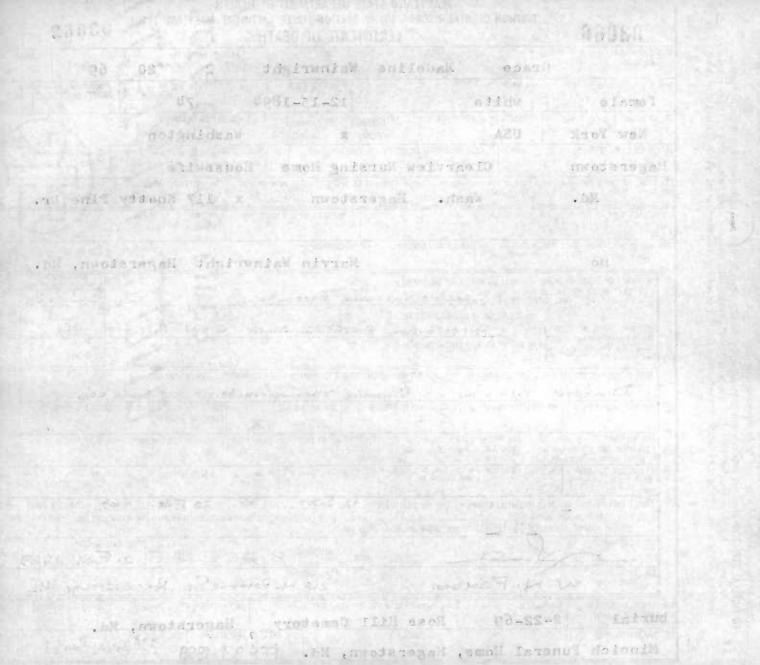
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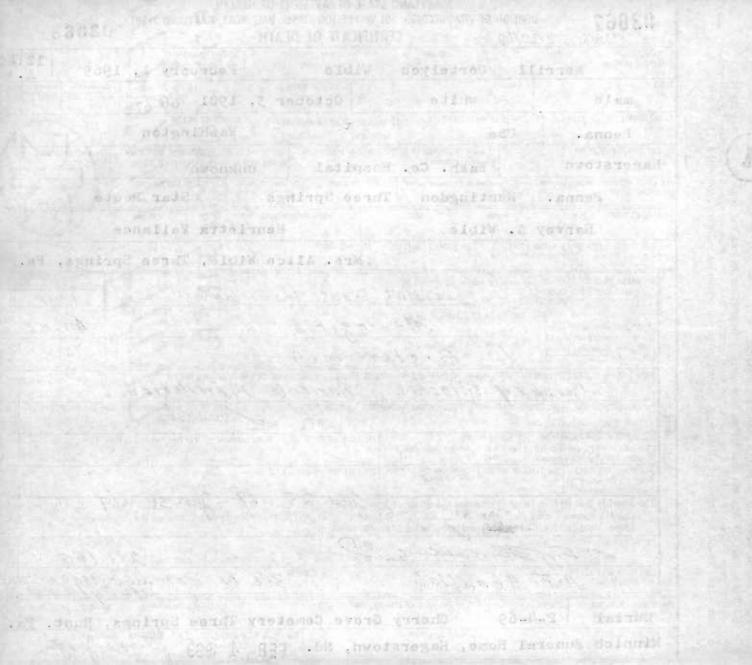
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	03064	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, CERTIFICATE OF DEA		YLAND 21201	03060	7
s after death. the funeral ages I ond 2 is after deoth.	1. DECEASED-NAME (Type or print) Jo	First Middle	Tobias	20. DATE OF E	DEATH 14 Doy		2b. HOUR
	3. SEX male	4. RACE white	S. DATE OF BIRTH 2-18-18	379	6. AGE (In years Sobirthdoy) YRS.		HOURS MIN
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. etained by the hospital or ottending physician. GTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.	PART I. DEATH WAS	DUE TO, OR AS A CONSEQUEN (b) 7 2	terio schre	on hogo		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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O HOSPITAL OR Page 4 may be D FUNERAL DIRI director, page 3 should be filed	22d. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION,		Echlon en 22e. ADDRESS ME OF CEMETERY OR CREMATORY	Lagor 23d. LOCATION	(City or Town)	County)	(Stote)
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MAKTLAND STATE DEPAKTMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03061 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) ESTI-Page HARRY OLIVER VANORSDALE DEATH MATED TO 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD and PM3. EB.19,1907 Day MALE WHITE 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH with the State Dep with farm country) VA. Give Pages 1 WIDOWED | DIVORCED [WASHINGTON U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY HANCOCK ROAD 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. admission) STATE MARYLAND 13b. COUNTY 00 SOUTH STREET YES NO HANCOCK WASHINGTON and 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Middle MARGARET CATHERINE STOTTLER WESLEY VANORSDALE hours 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, or unknown) 705 10 7269 EMMA A. VANORSDALE 24 SOUTH ST. HANCO NO APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Few minutes IMMEDIATE CAUSE (0) Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave 7 years (b) Coronary Artery Disease rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclerotic Cardio Vascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T YES 🗍 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK may be retained for y FUNERAL DIRECTOR:P 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry and in my apinian Natural causes x. Accident . death resulted from: Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-11-69 DEPUTY MEDICAL EXAMINER 5 may O FUNE Health **EXAMINER'S** 215 W. Washington Stown of Harristown, Md. NAME (Type) 23c. NAME OF CEMETERY OR XRANDORY PARK 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) 2/6/69 CEDAR LAWN MEMORIAL HAGERSTOWN WASH. MD. BURIAL 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURIO HANCOCK, MD. VR A15ME (5)

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Date	[Garage If either, notify medical examiner) P.M. 19
PHYSICIAN: The law re he haspital ar attending his certificate has been etached far use as the Dept. of Health prior ta	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspiral ar attending physician. INECTOR: After this certificate has been signed by the attending physicial e.3 should be detached far use as the burial-transit permit. Then pleased with the State Dept. of Health priar to burial, crematian, ar remayal, and	22a. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) twe) last
OR ATTENDIN be retained by JIRECTOR: After le 3 should be ed with the Stat	saw the deceased alive on ANOrary 22,1969, and that in (my) (our) apinion death accurred an the date and haur and fram the
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May be for the first per f	22d. PHYSICIAN'S NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta	, , , , , , , , , , , , , , , , , , , ,
ge ge nou	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 0 0 0 0	Burlal (Specify) 2/19/69 Shanks Church Cemetery Greencastle Franklin Penna.
	24. FUNEBAL DIRECTOR 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE
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